

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 /0/53 473  |  |   |   |                              |  |                               |  |                     |  |    |                            | 5/                     |
|---|--|---|---|------------------------------|--|-------------------------------|--|---------------------|--|----|----------------------------|------------------------|
|   |  | CLAIMS A                                  | AS FILED -  |                              | (Column 2)                             |                               |  | SMALL ENTITY TYPE   |  | OR | OTHER THAN OR SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES  |  |   |   |                              |  |                               |  | RATE                | FEE                                    |    | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.  | = \$ 150                     | LARC                                   | SE ENT. = \$ 300              |  | BASIC FEE           |  | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Ar  |                              |  | her situations = 100 / \$ 200 |  | EXAM. FEE           |  |    | EXAM. FEE                  | 200                    |
| SEARCH FEE .  |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                              | ALL other situations = \$ 250 / \$ 500 |                               |  | SEARCH FEE          |  |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | ıs 100 =                     | / 50 =                                 |                               |  | X \$ 125 =          |  |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | / & mir   | ıus 20 =                     | •                                      |                               |  | X \$ 25 =           |  | OR | X \$ 50 =                  |                        |
| INDÉPENDENT CLAIMS  |  |   | 4 minus 3 =   |                              | *                                      | 1                             |  | X \$ 100 =          |  | OR | X \$ 200 =                 | 200                    |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT   |                              |  |                               |  | + \$ 180 =          |  | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                              |  |                               |  | TOTAL               |  | OR | TOTAL                      | 1100                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |                              |  |                               |  | SMALL E             | OTHER THAN MALL ENTITY OR SMALL ENTITY |    |                            |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | PREVI                        | BER                                    | PRESENT<br>EXTRA              |  | RATE                | ADDI-<br>TIONAL<br>FEE                 |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 18                                      | Minus   | **                           |  | =                             |  | X \$ 25 =           |  | OR | X \$ 50 =                  | 300                    |
|   | Independent                                    | . 4                                       | Minus   | 44#                          |  | = /                           |  | X \$ 100 =          |  | OR | X \$ 200 =                 | 200                    |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                              |  |                               |  | + \$ 180 =          |  | OR | + \$ 360 =                 | 600                    |
|   |  |   |   |                              |  |                               |  | TOTAL ADDIT.<br>FFF |  | OR | TOTAL ADDIT.<br>FFF        | 1/00                   |
|   |  | (Column 1)                                |   | (Colu                        | mn 2)                                  | (Column 3)                    |  |                     |  |    |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVK<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA              |  | RATE                | ADDI-<br>TIONAL<br>FEE                 |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus   | **                           |  | =                             |  | X \$ 25 =           |  | OR | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus   | ***                          |  | =                             |  | X \$ 100 =          |  | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                              |  |                               |  | + \$ 180 =          |  | OR | + \$ 360 =                 |                        |
| TOTAL ADDIT.  FFF  OR TOTAL ADDIT.  FFF   |  |   |   |                              |  |                               |  |                     |  |    |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3,  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". |  |   |   |                              |  |                               |  |                     |  |    |                            |                        |

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